# ADOLESCENT IMMUNIZATION STATUS

#### **Summary of changes to HEDIS 2001**

- ♦ The codes to identify adolescent immunizations list each antigen separately.
- ♦ CPT codes 90723 and 90740 have been added to Table E2-A to identify immunizations.
- ♦ MCOs may count members as compliant toward the Hepatitis B indicator if they received the two-dose regimen identified with CPT code 90743.
- ♦ The specifications for medical record review include immunizations rendered "at birth" or "in the hospital."
- Pregnancy must take place during the measurement year in order to count as a contraindication for MMR and VZV.

# Description

The percentage of enrolled adolescents who turned 13 years old during the measurement year, were continuously enrolled for 12 months immediately prior to their 13<sup>th</sup> birthday and who were identified as having had a second dose of MMR, three hepatitis B and one VZV by the member's 13<sup>th</sup> birthday. The measure also calculates two separate combination rates.

# Eligible Population

Product Line(s):

Medicaid and commercial (report each product line separately).

Age(s):

Adolescents who turn 13 years old during the measurement year.

Continuous

Enrollment:

Twelve months prior to the member's 13<sup>th</sup> birthday.

Allowable Gap:

No more than one gap in enrollment of up to 45 days during the 12 months prior to their 13<sup>th</sup> birthday. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the member may not have more than a one month gap in coverage (i.e., a member whose coverage lapses for two months (60 days) is not considered continuously

enrolled).

Anchor Date(s):

Enrolled on the member's 13<sup>th</sup> birthday.

Benefit(s):

Medical.

Diagnosis:

None.

# Administrative Specification

**Denominator:** 

The eligible population.

Numerator(s):

For all antigens, MCOs may count evidence of any of the following:

- evidence of the antigen **OR**
- ♦ documented history of the illness OR
- a seropositive test result.

For combination vaccinations that require more than one antigen (i.e., MMR), MCOs must find evidence of all of the antigens.

1. MMR:

A second dose of MMR by the member's 13<sup>th</sup> birthday. A member is considered compliant if they have received either:

- one MMR on or between the member's 4<sup>th</sup> and 13<sup>th</sup> birthdays **OR**
- ♦ two MMRs on or between the member's 1st and 4th birthdays.

2. Hepatitis B:

Three Hepatitis B with different dates of service on or before the member's 13<sup>th</sup> birthday. MCOs may count a member compliant if the received the complete two-dose hepatitis B regimen identified by CPT code 90743.

3. VZV:

One chicken pox vaccine (VZV) on or before the member's 13th birthday.

4. Combination #1:

Adolescents who have received the second MMR and three Hepatitis B

vaccinations as specified above.

5. Combination #2:

Adolescents who have received <u>all</u> of the vaccinations listed in Combination #1 and at least one VZV.

Table E2-A: Codes to Identify Adolescent Immunizations

Immunization	CPT Codes	ICD-9-CM Codes 99.48	
MMR	90707, 90710		
Measles	90705, 90708	055, 99.45	
Mumps	90704, 90709	072, 99.46	
Rubella	90706, 90708, 90709	056, 99.47	
Hepatitis B	90723, 90740, 90743*, 90731, 90744, 90745, 90747, 90748	V02.61, 070.2, 070.3	
Chicken pox (VZV)	90710, 90716	052	

<sup>\*</sup>This CPT code identifies the two-dose regimen for Hepatitis B.

# **Exclusions (Optional):**

1. Adolescents who are identified as having a contraindication for a specific vaccine may be excluded from the denominator for all antigen rates and the combination rates. The denominator for all rates must the same. MCOs that choose to exclude contraindicated adolescents may do so only for those adolescents that the administrative data does <u>not</u> indicate that the contraindicated immunization was rendered. MCOs should look for contraindications as far back as possible in the member's history. MCOs may use the contraindications and codes listed in Table E1-B in the Childhood Immunization measure to identify allowable exclusions.

### Hybrid Specification

#### **Denominator:**

A systematic sample drawn from the eligible population for each product line. MCOs may reduce their sample size using this year's administrative result for Combination #2 or the prior year's audited, product line-specific result for Combination #2. For information on reducing the sample size, refer to the Guidelines for Calculations and Sampling.

#### **Numerators:**

For all antigens, MCOs may count evidence of any of the following:

- evidence of the antigen **OR**
- ♦ documented history of the illness **OR**
- a seropositive test result.

For combination vaccinations that require more than one antigen (i.e., MMR), MCOs must find evidence of all of the antigens.

#### Administrative:

Refer to the Administrative Specification listed above to identify positive numerator hits from the administrative data.

#### Medical record:

For immunization information obtained from the medical record, MCOs may count evidence that the antigen was rendered from:

- a dated immunization history OR
- ♦ a note indicating the name(s) of the specific antigen and the date of the immunization(s) OR
- a certificate of immunization prepared by an authorized health care provider or agency including the specific dates and types of immunizations administered.

For documented history of illness or seropositive test result, MCOs must find a dated note indicating the event. All medical record entries must be dated by the adolescent's 13<sup>th</sup> birthday (i.e., entries made retroactively may not be counted). Notes in the medical record indicating that the member received the immunization "at delivery" or "in the hospital" may be counted toward the numerator as long as the note is dated by the adolescent's 13<sup>th</sup> birthday.

A note that the "member is up-to-date" with all immunizations, without a listing of the dates of all immunizations and the names of the immunization agents, does not constitute sufficient evidence of immunization for HEDIS reporting.

MCOs may count toward this measure evidence that the member received the two-dose regiment for Hepatitis B only if the medical record clearly indicates that the two-dose regimen requirements were followed (e.g., dosage requirements).

# **Exclusions (Optional):**

1. Refer to the Administrative Specification above for exclusion criteria. Exclusionary evidence in the medical record must include a dated note indicating the contraindication(s).

# Note(s):

1. Due to changes in the CDC's Recommended Immunization Schedule, NCQA anticipates making several changes in the Adolescent Immunization Status measure for HEDIS 2002.

# Data Elements for Reporting

MCOs that submit HEDIS data to NCQA must provide the following data elements:

Table E2-1/2: Data Elements for Adolescent Immunization Status

Table E2-1/2: Data Elements for Adolescent Immunization Status			
	Administrative	Hybrid	
Measurement year	X	<u> </u>	
Data collection methodology (Administrative or Hybrid)	X	<u> </u>	
Sampling method used		X	
Eligible member population (i.e., members who meet all			
criteria)	X	×	
Number of numerator events by administrative data in			
eligible population (before exclusions)		X	
Current year's administrative rate (before exclusions)	X	X	
Minimum required sample size (MRSS) or other sample			
size		X X	
Oversampling rate		X	
Final sample size (FSS)		X	
Number of numerator events by administrative data in			
FSS		X	
Administrative rate on FSS			
Number of original sample records excluded because of			
valid data errors			
Number of records excluded because of contraindications			
identified through administrative data		Name of the state	
Number of records excluded because of contraindications			
identified through medical record review		: The second of the second	
Number of employee/dependent medical records excluded			
Additional records added from the auxiliary list		×	
Denominator January 1997	X	The second of th	
Numerator events by administrative data	<b>X</b>	<b>X</b>	
Numerator events by administrative data  Numerator events by medical records			
Reported rate	<b>x x</b>	· January X	
Lower 95% confidence interval			
	x x		
Upper 95% confidence interval			